



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8559

<b>SERIAL NUMBER</b> 10/729,822	<b>FILING OR 371(c) DATE</b> 12/05/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 980034.422C1
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**  
 Ronald Berenson, Mercer Island, WA;  
 Mark Bonyhadi, Issaquah, WA;  
 Dale Kalamasz, Redmond, WA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/603,577 06/24/2003 ABN which claims benefit of 60/442,001 01/22/2003  
 and claims benefit of 60/431,212 12/04/2002  
 and claims benefit of 60/393,042 06/28/2002  
*MA*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***      **\*\* SMALL ENTITY \*\***  
 03/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>MA</i> Initials <i>MA</i>	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 3
--	--	-------------------------------	-----------------------------	---------------------------	--------------------------------

**ADDRESS**  
00500

**TITLE**  
 Compositions and methods for eliminating undesired subpopulations of T cells in patients with immunological defects related to autoimmunity and organ or hematopoietic stem cell transplantation

<b>FILING FEE RECEIVED</b> 919	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---